

Self Survey Module

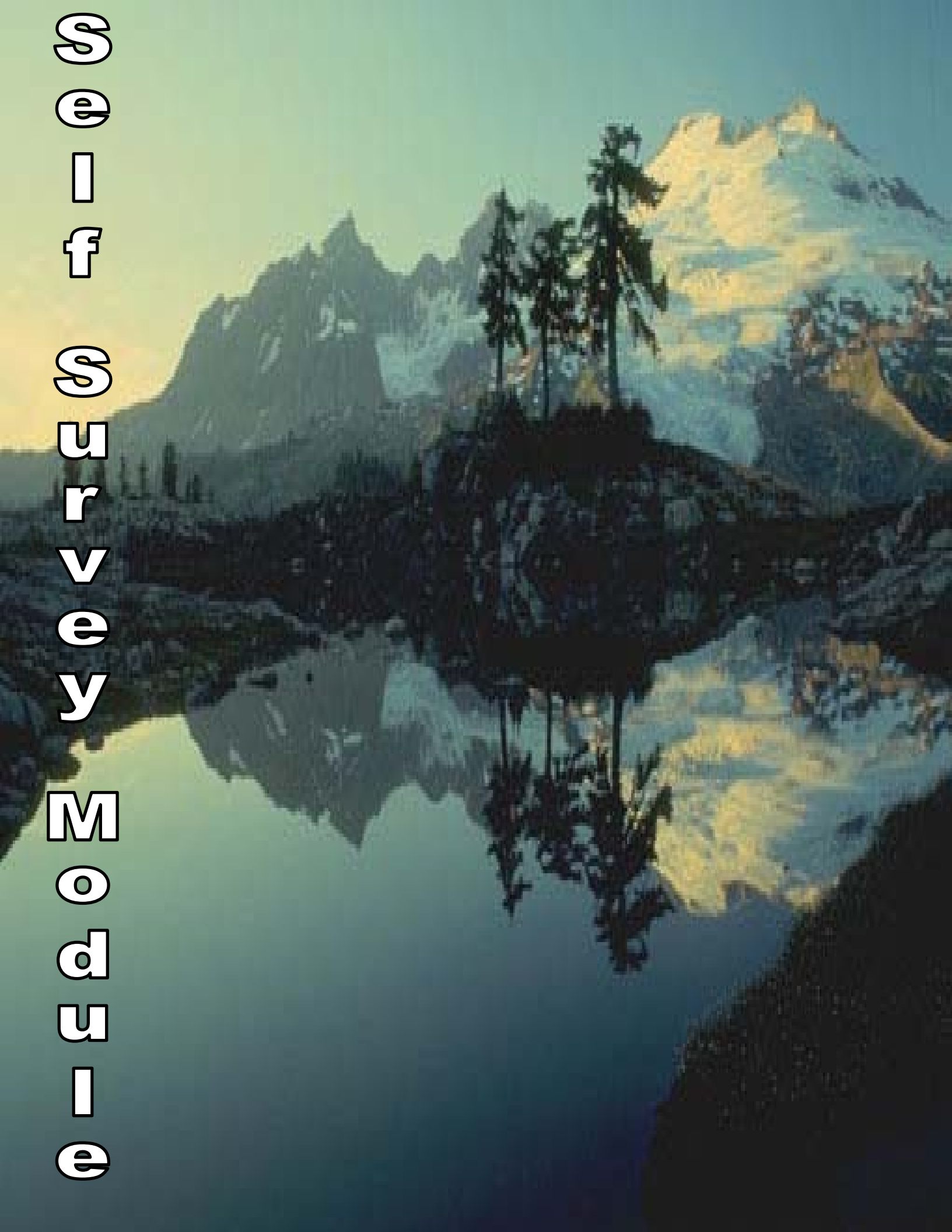


Table of Contents

Introduction.....	1
Emergency Services.....	2
Availability	
Equipment, Supplies, & Medication	
Blood & Blood Products	
Personnel	
Coordination with Emergency Response System	
Number Beds/Length Stay.....	3
Physical Plant & Environment.....	4
Construction	
Maintenance	
Emergency Procedures	
Life Safety from Fire	
Organizational Structure.....	5
Governing Body or Responsible Individual	
Disclosure	
Staffing & Staff Responsibilities....	6
Staffing	
Responsibilities of DR. of Medicine/Osteopathy	
PA, NP, and NS Responsibilities	
Provision of Services.....	7
Patient Care Policies	
Direct Services	
Emergency Procedures	
Services Provided thru Agreements/Arrangements	
Nursing Services	

Table of Contents

Clinical Records.....	8
Record system	
Protection of Record Information	
Retention of Records	
Surgical Services.....	9
Designation of Qualified Practitioners	
Anesthetic Risk and Evaluation	
Administration of Anesthesia	
Discharge	
Periodic Eval/QA Review.....	10
Periodic Evaluation	
Quality Assurance	
Swing-Bed.....	11
Resident Rights	
Admission, Transfer and Discharge	
Resident Behavior and Facility Practices	
Quality of Life	
Resident Assessment	
Quality of Care	
Specialized Rehabilitative Services	
Dental Services	
Feedback Page.....	12

Introduction

This manual was prepared by Health Facilities Licensing and Certification, Anchorage, Alaska.

It is to be used as a guide for Critical Access Hospital staff in evaluating compliance with §485.618 through §485.645. It was designed to provide you with the regulation tag numbers with probes to give guidance and clarification in determining compliance. However, this manual was not designed to be prescriptive but to be utilized as a reference and resource.

For your convenience, a “feedback page” appears in section 12 of this manual to provide comments and suggestions, as well as your rating of the manual. Please feel free to send in your suggestions on improving this manual and forward or fax to the below address:

Shelbert J. Larsen
Administrator
4730 Business Park Blvd., STE. 18
Anchorage, Alaska 99503
Fax: (907) 561-3011

April 15, 2002

§485.618 Condition Of Participation: **EMERGENCY SERVICES**



C200-209

C201 standard: Availability

- ☐ Emergency services are available on a 24-hour a day basis.

C202 standard: Equipment, supplies and medication

- ☐ Equipment, supplies, and medication used in treating emergency cases are kept at the CAH and readily available for treating emergencies. These must include the following--

C203 Mandatory drugs and biologicals available:

- | | | |
|--|---|--|
| <input type="checkbox"/> Analgesics | <input type="checkbox"/> Local anesthetics | <input type="checkbox"/> Antibiotics |
| <input type="checkbox"/> Anticonvulsants | <input type="checkbox"/> Antidotes/Emetics | <input type="checkbox"/> Serums/Toxoids |
| <input type="checkbox"/> Antiarrhythmics | <input type="checkbox"/> Cardiac glycosides | <input type="checkbox"/> Antihypertensives |
| <input type="checkbox"/> Diuretics | <input type="checkbox"/> Electrolytes | <input type="checkbox"/> Fluid replacement |

C204 Mandatory equipment and supplies available:

- | | | |
|--|--|---|
| <input type="checkbox"/> Airways | <input type="checkbox"/> Endotracheal tubes | <input type="checkbox"/> Ambubag/valve/mask |
| <input type="checkbox"/> Oxygen | <input type="checkbox"/> Tourniquets | <input type="checkbox"/> Immobilization devices |
| <input type="checkbox"/> Splints | <input type="checkbox"/> IV supplies | <input type="checkbox"/> Nasogastric tubes |
| <input type="checkbox"/> Suction machine | <input type="checkbox"/> Defibrillator | <input type="checkbox"/> Cardiac monitor |
| <input type="checkbox"/> Chest tubes | <input type="checkbox"/> Indwelling urinary cath | |

Equipment check:

- ☐ Sterilized equipment/tracheostomy has current expiration dates when applicable
- ☐ Oxygen supply system functional
- ☐ Suction equipment has good force to the vacuum
- ☐ _____
- ☐ _____

Record review:

 *Review a sample of records for patients treated in the emergency room to ascertain if the CAH:*

- ▶ followed its own policies and procedures;
- ▶ provided emergency services 24 hours a day (review on call schedule);
- ▶ emergency room practitioner on site within 30 minutes;
- ▶ ensured that a practitioner with training and experience in ER was available by telephone/radio (Practitioner means doctor of medicine/osteopathy, PA or NP).

Data Collection for drugs, biologicals and equipment:

- ☐ Staff can locate drugs, biologicals, emergency equipment and supplies.
- ☐ Inventory is adequately maintained.
- ☐ Personnel assigned to monitor drugs and biologicals.
- ☐ Drugs, biologicals and supplies are replaced as used.
- ☐ CAH ensures equipment and supplies required at 485.618(b)(2) are readily available to staff.
- ☐ Equipment is on a maintenance schedule.
- ☐ A communication log is kept at the CAH for the network systems.

c205-206 standard: Blood and Blood products

◆ There is no requirement for the CAH to store blood on site, although it may choose to do so. It may be practical to transport a patient to the source of the blood supply than to bring blood to the patient at the CAH.

- ☐ Blood or blood products are available on an emergency basis directly or through arrangement.
- ☐ CAH registered with FDA-if blood is collected on site.
- ☐ If blood stored on site and test defined by CLIA are conducted on the blood they must be surveyed under CLIA.
- ☐ Blood is accessible to staff in time to “effectively” treat emergency patients-24 hours/day.
- ☐ Lab is under the control/supervision of a pathologist or qualified doctor.
- ☐ Blood and blood products are stored to prevent deterioration, including documentation of refrigerator temperatures.

Data collection for blood and blood products:

- ☐ CAH has the capability of making blood products available for its emergency patients.
- ☐ Necessary equipment (serofuge/ heat block/ typing and cross matching reagents) is available if the CAH performs type and compatibility testing.
- ☐ Four Units of O negative packed red blood cells are available at all times.
- ☐ Prior to transfusion of O negative blood, a release form is signed by the doctor acknowledging the blood has not been cross-matched.
- ☐ CAH has an arrangement with the Red Cross or another similar product provider for the provision of fresh units of O negative packed RBC's-if O negative blood is stored on site.

c207 Standard: Personnel

- ☐ There is a practitioner with training or experience in emergency care on call and immediately available by telephone or radio contact. In addition, the practitioner is available on-site within 30 minutes on a 24 hours-a-day basis.

c209 standard: Coordination with emergency response systems:

- ☐ Procedures are in place to ensure the CAH coordinated with the emergency response systems to make available by telephone or radio contact, on a 24 hour/day basis, a doctor of medicine or osteopathy to receive emergency calls and provide medical direction in emergencies.
- ☐ Evidence exists that the procedures are followed and evaluated for effectiveness.
- ☐ Evidence exists that the MD or DO can be contacted when emergency instructions are needed.

Additional Notes:

A cartoon illustration of a patient lying in a hospital bed. The patient is wearing a white hospital gown and has a white oxygen mask over their nose and mouth. A red tube connects the mask to a green oxygen tank standing next to the bed. The bed has a blue blanket and a white pillow. The room has a light blue wall and a white floor.

C211-212 standard: Number of beds/length of stay

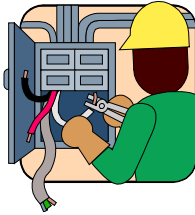
☞ *Review the control log to ascertain if transfers or discharges are effectuated within 96 hours of admission.*

☐ If patient(s) were kept more than 96 hours was documentation provided in the medical record justifying additional hours.

Additional Notes:

[illegible]

§485.623 Condition Of Participation **PHYSICAL PLANT & ENVIRONMENT**



c220-234

c221 standard: Construction

- ☐ Adequate space exists to ensure patient safety and to facilitate the provision of direct services required in §485.635(b) (i.e., patient exam/treatment areas, lab, radiology, and emergency services).

c222-226 Standard: Maintenance

- ☐ All essential mechanical and electrical equipment (e.g., boiler room equipment, kitchen refrigerator/freezer, laundry equipment, etc.) are properly maintained in safe operating condition.
- ☐ All patient care equipment is maintained in a safe operating condition.
- ☐ Trash, including contaminated materials, is disposed of promptly and properly.
- ☐ Drugs and biologicals are appropriately stored.
- ☐ Proper ventilation, lighting and temperature exist in all patient care, food prep and pharmaceutical areas
- ☐ Premises are clean and orderly. There is:

- ▮ no visible water leaks, spills, peeling paint, floor obstruction; and
- ▮ equipment and supplies are stored in proper spaces;

c227-230 standard: Emergency procedures

☞ Review staff training documents and inservice records to confirm training.

- ☞ Ask staff what they are supposed to do in case of an emergency.*
- ☞ Interview staff concerning the availability of emergency fuel and water supplies.*
- ☞ Review any arrangements or agreements to determine the scope of services provided.*
- ☞ Review maintenance records and specific P&P or test runs/frequency on emergency equipment.*

- ☐ Staff is trained in handling emergencies
- ☐ The emergency generator provides power for emergency equipment and lighting in the ER.

c231-234 standard: Life safety from fire

- ☞ Review fire inspection reports.*
- ☞ Review waiver(s)-if any.*

- ☐ The CAH maintains written evidence of regular inspection and approval by State & fire control agencies.

C241 Standard: Governing body/responsible individual

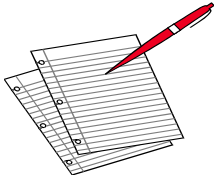
C242-244 Standard: Disclosure

☐ The CAH's operating P&P are updated yearly to reflect responsibilities as a CAH.

☐ Evidence exists that the individual who assumes responsibility is involved in the day-to-day operation.




[illegible]



§485.631 Condition Of Participation **STAFFING & STAFF RESPONSIBILITIES**



c250-268

c251-255 Standard: Staffing

-  *Review listings or organizational charts showing names of professional staff.*
-  *Review work schedules showing normal hours of operation and coverage of staff.*
-  *Review staffing schedules and daily census records to ensure sufficient staff are available.*

- ☐ CAH has a professional health care staff that includes:
 -  one or more doctors of medicine or osteopathy;
 -  may include one or more PA, NP, or clinical nurse specialist.
- ☐ Ancillary personnel are supervised by professional staff.
- ☐ Sufficient staff to provide services essential to the CAH.
- ☐ RN/LPN/CNS is on duty whenever the CAH has one or more patients.
- ☐ A DR/PA/NP, is available to furnish patient care at all times the CAH operates.

c256-261 Standard: Responsibilities of the doctor or osteopathy

- ☐ All medical oversight functions described in §485.631(b) are provided by the physician.
- ☐ In conjunction with the physician the PA and or NP participates in developing, executing, and reviewing P&P governing services it furnishes.
- ☐ In conjunction with the physician, the PA/NP periodically reviews patient records.
- ☐ The physician periodically reviews and signs ALL inpatient records of patients cared for by the NP/PA/CNS.
- ☐ The physician is present at least Q 2 weeks to provide medical direction.

c262-268 Standard: Responsibilities of the PA, NP, & CNS

- ☐ Adequate patient health records are maintained and transferred as required when patients are referred.
- ☐ Physician is notified when the NP, PA, or CNS admits a patient.

Additional Notes:

§485.635 Condition Of Participation PROVISION OF SERVICES



c270-298

◆ A CAH is not required to prepare meals itself and is free to obtain meals under contract with another supplier. However, the CAH is responsible for the quality or arranged services on the same basis as if those services had been provided by CAH employees.

- ☞ *Review health care service policies.*
- ☞ *Review meeting minutes to determine group composition and to ascertain the extent of the group's interactions with the CAH.*
- ☞ *Review any arrangements or agreements to determine if the nature and scope of services defined are being provided to patients.*
- ☞ *Review the dietary manual for current diet plans and approval of these plans by the medical staff.*

c271-280 Standard: Patient care policies

- ☐ CAH health care services are furnished in accordance with appropriate written policies that are consistent with applicable State law.
- ☐ Policies are developed with the advice of a group of professional personnel that includes a doctor, PA/NP/CNS (if they are on staff) and a member that is not employed by the CAH.
- ☐ Policies include the following:
 - ☛ a description of services the CAH furnishes directly and those through agreement or arrangement;
 - ☛ policy & procedures for emergency medical services;
 - ☛ guidelines for the medical management of health problems that include the conditions requiring medical consultation and/or patient referral, the maintenance of health care records, and procedures for the periodic review and evaluation of the services furnished by the CAH;
 - ☛ rules for the storage, handling, dispensation, and administration of drugs and biologicals;
 - ☛ procedures that ensure the nutritional needs of inpatients are met in accordance with recognized dietary practices and the orders of the practitioners responsible for the care of the patients;
 - ☛ procedures for reporting adverse drug reactions and errors in the administration of drugs immediately to the practitioner who ordered the drug;
 - ☛ unexpected or significant adverse drug reactions reported to the FDA.
- ☐ Policies are reviewed at least annually by the group of professional personnel required under §485.635(a)(2).

C281-283 Standard: Direct services

☐ The CAH furnishes as direct services, (medical history, physical exam, specimen collection, assessment of health status, and treatment for a variety of medical conditions). In addition, those diagnostic, therapeutic services and supplies that are commonly furnished in a physician's office or at another entry point into the health care delivery system.

☐ Radiology services.

☐ Basic lab services essential to the immediate diagnosis and treatment of the patient which include:

- ▮▮▮▮ urine dipstick/tablet method or both;
- ▮▮▮▮ hemoglobin or hematocrit;
- ▮▮▮▮ blood glucose;
- ▮▮▮▮ stool exam for occult blood;
- ▮▮▮▮ pregnancy test and;
- ▮▮▮▮ primary culturing for transmittal to a certified laboratory.

C284 Emergency procedures

☐ Medical emergency procedures are provided by the CAH as a first response to common life-threatening injuries and acute illness.

C285-C293 standard: Services provided through agreements and/or arrangements



☞ *Review a sample of medical records of patients who were treated and transferred from the CAH. What documentation shows that:*

- ▶ transferred patients were accepted and provided with inpatient care, at hospital to which they were transferred,
- ▶ patients referred for diagnostic and /or laboratory tests had these test performed as requested by the practitioner responsible for the patient;
- ▶ physician and/or suppliers of services are providing services for the CAH in the manner described in the arrangement or agreement.

☐ The CAH has agreements or arrangements with one or more providers or suppliers participating under Medicare to furnish other services to its patients including:

- ▮▮▮▮ inpatient hospital care;
- ▮▮▮▮ services of doctors of medicine or osteopathy;
- ▮▮▮▮ additional or specialized diagnostic and clinical laboratory services that are not available at the CAH;
- ▮▮▮▮ food and other services to meet inpatients' nutritional needs;
- ▮▮▮▮ evidence that patients referred by the CAH are being accepted and treated;
- ▮▮▮▮ a list of services furnished under arrangement or agreement; and
- ▮▮▮▮ a list of services that describes the nature and scope to the services being provided.

C294-298 Standard: Nursing Services

-  Review a sample of medication administration records to determine if they conform to the practitioner's orders.
 -  Review sampled records of nursing care plans for inpatients and swing-bed patients.
-
- ☐ The RN provides (or assigns other personnel) the nursing care in accordance with the patient's needs for each patient.
 - ☐ The RN or PA supervises and evaluates the nursing care for each patient.
 - ☐ All drugs, biologicals, and intravenous medications are administered by or under the supervision of a RN/DR/PA.
 - ☐ The nursing care plan is developed and kept current for each inpatient.

Additional Notes:

[illegible]

§485.638 Condition Of Participation **CLINICAL RECORDS**



c300-311

c301-307 Standard: Records system

☞ *Review a sample of records for dated and authenticated signatures, signed and dated consent forms.*

- ☐ The CAH maintains clinical records in accordance with written policies and procedures
- ☐ Records are legible, complete, accurately documented, readily accessible and systematically organized.
- ☐ A designated member is responsible for maintaining the records and ensuring they are complete and accurately documented, readily accessible and systematically organized.
- ☐ List of current authenticated signatures, as well as a list of computer codes and signature stamps that have been authorized by the governing body and are protected by adequate safeguards.
- ☐ The CAH maintains a record on each patient includes:

- ▮ identification and social data, consent forms, pertinent medical history, assessment of the health status and health care needs of the patient, and a brief summary of the episode, disposition, and instructions to the patient;
- ▮ reports of physical exam, diagnostic and lab test results/consult findings;
- ▮ all orders, reports of treatments, meds, nursing notes, documentation and other pertinent info necessary to monitor the patient's progress;
- ▮ dated and authenticated signatures by appropriate health care providers.

c308-310 Standard: Protection of record information

- ☐ Medical records are safeguarded against loss, destruction or unauthorized use of record information.
- ☐ Confidentiality of record information is maintained.
- ☐ There are written policies and procedures that govern the use and removal of records from the CAH.
- ☐ The patient's written consent is required for release of information.

c311 Standard: Retention of records

- ☐ Records are retained for 6 years from date of last entry and longer if required by the State statute.


Additional Notes:




§485.639 Condition Of Participation **SURGICAL SERVICES**



C320-326

C321 Designation of qualified practitioners




 *Review the surgical list of specific physician clinical privileges to determine if current.*

- ☐ Surgical procedures are performed in a safe manner by qualified practitioners who have been granted clinical privileges by the governing body.
- ☐ Surgery is performed by:
 -  a doctor of medicine/osteopathy;
 -  doctor of dental surgery or dental medicine or;
 -  doctor or podiatry medicine.

C322 Anesthetic risk and evaluation

- ☐ A qualified practitioner examines the patient immediately before surgery to evaluate the risk of anesthesia and of the procedure to be performed.
- ☐ Before discharge, each patient is evaluated for proper anesthesia recovery by a qualified practitioner.

C323-325 Administration of Anesthesia

- ☐ The CAH has indicated those persons qualified to administer anesthesia.
- ☐ Anesthetics are administered by:
 -  qualified anesthesiologist or anesthesiologist assistant;
 -  doctor of medicine, osteopathy; or podiatry medicine;
 -  certified RN anesthetist or supervised trainee in an approved educational program.
- ☐ The CRN anesthetist is under the supervision of the operating practitioner.
- ☐ The anesthesiologist's assistant is under the supervision of an anesthesiologist.

C326 Discharge

- ☐ Patients are discharged in the company of a responsible adult-except those exempted by the practitioner who performed the surgical procedure.

Additional Notes:

§485.641 Condition Of Participation PERIODIC EVALUATION/QA REVIEW



c330-343

c331-335 Standard: Periodic evaluation

- ☐ The CAH carries out or arranges for a periodic evaluation of its total program at least once a year and includes review of:

- ▮▮▮▮ utilization of CAH services-the number of patients served and volume of services;
- ▮▮▮▮ 10% of both active and closed clinical records;
- ▮▮▮▮ health care policies;
- ▮▮▮▮ utilization of services was appropriate and policies were followed.

c336-343 Standard: Quality assurance

☞ *Review a copy of the CAH QA plan and other documentation regarding QA activities, (meeting notes from QA committees, reports produced by the QA director and/or QA committees, if designated, and follow-up communication relative to corrective actions) to become familiar with the scope, methodology and organization of the CAH QA program.*

- ☐ The CAH has an effective QA program to evaluate the quality and appropriateness of the diagnosis and treatment. In addition, the program requires that:

- ▮▮▮▮ all patient care services or other services affecting patient health and safety are evaluated;
- ▮▮▮▮ nosocomial infections and medication therapy are evaluated;
- ▮▮▮▮ quality and appropriateness of the diagnosis and treatment furnished by NP, CNS and PA (s) are evaluated by a member of the staff who is a doctor of medicine or osteopathy;
- ▮▮▮▮ the quality and appropriateness of the DX and treatment furnished by doctors of medicine or osteopathy is evaluated by one PRO or equivalent entity or other appropriate and qualified entity identified in the State rural health care plan;
- ▮▮▮▮ the CAH takes corrective action on the findings of the evaluations, if necessary; and
- ▮▮▮▮ the CAH takes appropriate remedial action to address deficiencies found through the QA program.
- ▮▮▮▮ There is documentation of all remedial action taken.

Additional Notes:

§485.645 SPECIAL REQUIREMENTS
FOR SWING-BED



C350-406

C351-352 Eligibility/PAYMENT/SNF SERVICES

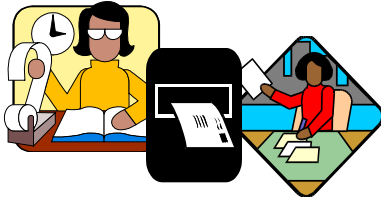


? The CAH must not provide more than 25 inpatient beds, and the number of beds used at any time for acute care inpatient services does not exceed 15 beds.

C360 SNF services

☐ The CAH is in substantial compliance with the following SNF requirement.

§483.10 RESIDENT RIGHTS



361-372

C361-363 Notice of rights and services

- ☐ The resident is fully informed in a language that he/she can understand of his/her total health status, including but not limited to, his or her medical condition.
- ☐ The resident has the right to refuse treatment, to refuse to participate in experimental research and to formulate advance directives.
- ☐ The CAH informs each resident who is entitled to Medicaid benefits, in writing, at the time of admission to the nursing facility or when the resident becomes eligible for Medicaid of:
 - ▮ items and services that are included in nursing facility services under the State plan and for which the resident may not be charged;
 - ▮ other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services;
 - ▮ informs each resident when changes are made to the items and services;
 - ▮ informs each resident before, or at the time of admission and periodically during the resident's stay of services available in the facility and of charges for those services including any charges for services not covered under Medicare or by the facility's per diem rate.

C364-366 Free Choice

? The right to choose a personal physician does not mean that the physician must or will serve the resident or that a resident must designate a personal physician.

- ☐ Evidence exists that the resident has the right to choose a personal attending physician.
- ☐ The resident is fully informed in advance about care and treatment and of any changes in that care or treatment that affect the resident's well being.
- ☐ The resident is able to participate in planning their care and treatment or changes in care and treatment unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State.

C367 Privacy and confidentiality

? The right to refuse release of personal and clinical records does not apply when the resident is transferred to another health care institution or when record release is required by law.

- ☐ Evidence exists the resident has the right to personal privacy and confidentiality for his or her personal and clinical records. Personal privacy includes accommodations, medical treatment, written and telephone

communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident.

C368 work

☐ Evidence exists the resident has the right to refuse to perform services for the facility. However, if he/she chooses, they may perform services for the facility when the facility has documented the need or desire for work in the plan of care, nature of work performed, whether the work is voluntary or paid. For work performed, the resident will be paid at or above the prevailing wages.

C369 Mail

☐ Evidence exists the resident has the right to privacy in written communications, including the right to send and promptly receive mail that is unopened. In addition, the resident's has access to stationery, postage, and writing implements at the resident's own expense.

C370 Access and visitation rights

☐ Evidence exists the facility provides immediate access to any individual or representative of an agency that provides health, social, legal, or other services to the resident representative.

C371 Personal Property

☐ Evidence exists the facility allows the resident to retain and use personal possessions, including some furnishings and appropriate clothing as space permits.

C372 Married couples

☐ Resident's have the right to share a room with his/her spouse when they live in the same facility and both spouses consent to the arrangement.

Additional Notes:

§483.12 ADMISSION/TRANSFER & DISCHARGE RIGHTS



C373-380

C373 Transfer and discharge

- ☐ Evidence exists the facility provided sufficient preparation and orientation to residents to ensure safe and orderly discharge from the facility.
- ☐ The facility provided notice to its residents of the CAH's bed hold and readmission policies prior to transferring a resident for hospitalization or therapeutic leave. For these transfers, the facility must provide written notice to the resident and the immediate family member, surrogate or representative of the duration of any bed-hold.

C374-375 Transfer and discharge requirements

- ☐ The facility permits each resident to remain in the facility and not transfer or discharge the resident from the facility unless--
 - ▶▶▶▶▶ the transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the CAH;
 - ▶▶▶▶▶ transfer or discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the services provided by the CAH;
 - ▶▶▶▶▶ the safety or health of individuals in the CAH is endangered;
 - ▶▶▶▶▶ the CAH ceases to operate; or
 - ▶▶▶▶▶ the resident has failed after reasonable and appropriate notice to pay for a stay at the CAH.

C376 Documentation

- ☐ When a resident is transferred or discharged the residents' physician documents the reason in the chart.

C377 Notice before transfer

- ☐ When a transfer or discharge is anticipated, the CAH records the reason in the resident's clinical record. In addition, the resident's, family member or legal representative, are notified of the transfer or discharge with the reason for the move in writing in a language and manner they understand.

C378 Timing of notice

- ☐ The CAH notifies the resident, family member or legal representative 30 days prior to the proposed transfer or discharge

c379 Contents of the notice

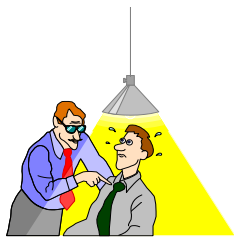
☐ The written notice includes:

- ▣ the reason for the transfer or discharge;
- ▣ the effective date, and location of where resident is being transferred or discharged;
- ▣ a statement that the resident has the right to appeal the action to the State;
- ▣ address, name and telephone number of the State long term care ombudsman;
- ▣ for nursing facility residents with developmental disabilities, the mailing address and telephone number of the agency responsible for the protection and advocacy of developmentally disabled individuals.

c380 Orientation for transfer or discharge

☐ The CAH provides sufficient preparation and orientation to residents to ensure safe and orderly transfer or discharge from the CAH.

Additional Notes:



§483.13 RESIDENT BEHAVIOR AND FACILITY PRACTICES

C381-384

C381 Restraints

☐ Residents are free from any physical or chemical restraints imposed for the purpose of discipline or convenience.

C382 Abuse

☐ The residents are free from verbal, sexual, physical and mental abuse, corporal punishment, and involuntary seclusion.

C383-384 Staff treatment of residents

☐ The CAH has written policies and procedures that prohibit mistreatment, neglect, and abuse of residents as well as misappropriation of resident property. In addition, the CAH:

- ?does not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion;
- ?does not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law or hire individuals whose name has been entered into the State nurse aide registry;
- ?can produce evidence that all alleged violations are thoroughly investigated; (while the investigation is in progress the CAH prevents further potential abuse);
- ?ensures all alleged violations are reported immediately to the administrator or designee and to other officials in accordance with State law; (This includes notification to the State survey and certification agency);
- ?with in 5 working days of the incident, the results of the investigation must be reported to the administrator and State survey and certification agency.

Additional Notes:



• **§483.15 QUALITY OF LIFE**

C385-386

C385 Activities

☐ The facility provides for an ongoing program of activities designed to meet the interests and the physical, mental and psychosocial well-being of each resident. In addition, the activities program must be directed by a qualified professional who:

- ▶▶▶▶ is a qualified therapeutic recreation specialist or an activities professional;
- ▶▶▶▶ is licensed or registered by the State in which they are practicing;
- ▶▶▶▶ is eligible for certification as a therapeutic recreation specialist or as an activities professional by a recognized accrediting body;
- ▶▶▶▶ has 2 years experience in a social or recreational program within the last 5 years, one of which was full-time in a patient activities program in a health care setting or is a qualified occupational therapist/assistant or has completed a training course approved by the State.

C386 Social services

☐ The CAH provides medically related social services to attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident.

Additional Notes:



\$483.20 RESIDENT ASSESSMENT **C388-399**

(NOTE: CMS NO LONGER REQUIRES THE MDS INSTRUMENT AS THE ONLY TOOL IN CAH's, HOWEVER A COMPREHENSIVE ASSESSMENT MUST BE COMPLETED)

C388 Comprehensive assessment

- ☐ The facility completed a comprehensive assessment of each resident's needs which:
 - ▮ is based on a uniform data set and uses the instrument approved;
 - ▮ describes the resident's capability to perform daily life functions and significant impairments in functional capacity.
- ☐ The comprehensive assessment includes at least the following information:
 - ▮ medically defined conditions and prior medical history;
 - ▮ medical status measurement, physical and mental functional status;
 - ▮ sensory and physical impairments, nutritional status and requirements;
 - ▮ special treatments or procedures;
 - ▮ mental and psychosocial status, discharge potential;
 - ▮ dental condition, activities and rehab potential;
 - ▮ cognitive status and drug therapy.

C389-391 Frequency

- ☐ Assessments are conducted no later than 14 days after the date of admission and promptly after a significant change in the resident's physical or mental condition. However, in no case is it less than once every 12 months.

C392 Review of assessment

- ☐ The nursing facility examines each resident no less than once every 3 months. In addition, as appropriate, revises the resident's assessment to assure the continued accuracy of the assessment.

C393 Use

- ☐ Results of the assessment are used to develop, review, and revise the resident's comp plan of care.

C394 Coordination

- ☐ The facility coordinated assessments with any State required pre-admission screening program to the maximum extent practicable to avoid duplicating testing and effort.

C395-398 Comprehensive care plans

☐ A comprehensive care plan is developed for each resident that includes measurable objectives and time tables to meet the resident's medical, nursing, mental and psychosocial needs that are identified in the assessment. The plan describes the following:

- ▣ services that are furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being;
- ▣ any services that would be required but not provided due to the resident's exercise of rights to refuse treatment;
- ▣ developed within 7 days after the completion of the assessment;
- ▣ prepared by a interdisciplinary team that includes the attending physician, registered nurse with responsibility for the resident and other appropriate staff in disciplines as determined by the resident's needs;
- ▣ periodically reviewed and revised by a team of qualified persons after each assessment;
- ▣ services provided or arranged by the facility meets professional standards of quality and is provided by qualified persons in accordance with each resident's written plan of care.

C399 Discharge summary

☐ Each resident's chart has a recapitulation of the resident's stay, final summary of the resident's status and a post discharge plan of care that is developed with the participation of the resident and his or her family.



§483.25 QUALITY OF CARE

c400-401

c400-401 Nutrition

? Since ideal body-weight charts have not yet been validated for the institutionalized elderly, weight loss or gain is a guide in determining nutritional status. An analysis of weight loss or gain should be examined in light of the individual's former life style as well as the current diagnosis.

☐ Each resident receives and the facility provides the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. This is based on the resident's comprehensive assessment, the facility ensures the resident maintains acceptable parameters of nutritional status, such as body weight and protein levels.

<u>Interval</u>	<u>Significant Loss</u>	<u>Severe Loss</u>
1 month	5.0%	Greater than 5.0%
3 months	7.5%	Greater than 7.5%
6 months	10%	Greater than 10%

The following formula determines percentage of loss:

$$\% \text{ of body weight loss} = \frac{\text{usual weight} - \text{actual weight}}{\text{usual weight}} \times 100$$

||||► Receives a therapeutic diet when there is a nutritional problem.

Additional Notes:

§483.45 SPECIALIZED REHABILITATIVE SERVICES



C402-403

C402 Provision of services

? The CAH is not obligated to provide specialized rehabilitative services if it does not have residents who require these services. If a need develops after admission, the facility must either provide the services, or where appropriate, obtain the services from an outside resource.

☐ When the resident's comprehensive plan of care requires specialized rehabilitative services such as (physical therapy, speech-language pathology, occupational therapy and mental health rehabilitative services for mental illness and mental retardation) the facility provides or obtains services from an outside resource.

C403 Qualifications

☐ Specialized rehabilitative services are provided under the written order of a physician by qualified personnel.

Additional Notes:



§483.55 DENTAL SERVICES

C404-406

C404 Dental services

- ☐ The facility assists each resident in obtaining routine and 24-hour emergency dental care.

C405-406 skilled nursing facilities

- ☐ The facility provides or obtains from an outside resource routine and emergency dental services to meet the needs of each resident. However, the facility may charge a Medicare resident an additional amount for routine and emergency dental services.

- ☐ The facility assists each resident in making appointments, arranging transportation to and from the dentist's office and promptly refers residents with lost or damaged dentures to a dentist.

Additional Notes:

Critical Access Hospital self survey Module

Index

§485.618 Emergency Services

§485.620 Number of beds and length of stay

§485.623 Physical plant and environment

§485.627 Organizational structure

§485.631 Staffing and staff responsibilities

§485.635 Provisions of services

§485.638 Clinical records

§485.639 Surgical services

§485.641 Periodic evaluation and quality assurance review

§485.645 Special requirements for Swing Bed

§483.10 Resident rights

§483.12 Admission, transfer, and discharge rights

§483.13 Resident behavior and facility practices

§483.15 Quality of life

§483.20 Resident assessment

§483.25 Quality of care

§483.45 Specialized rehabilitative services

§483.55 Dental services

Thank you for your feedback. We will use your feedback to improve this self-survey module and to make the process go as smoothly as possible. Use the back of this page, if needed.

Agency Name/Phone

Poor

Overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ease of Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

No

Easy to follow	<input type="checkbox"/>	<input type="checkbox"/>
Detailed enough	<input type="checkbox"/>	<input type="checkbox"/>

[illegible]

State of Alaska
Health Facilities Licensing and Certification
4730 Business Park Blvd., STE 18

Anchorage, Alaska 99503
Fax: (907) 561-3011

